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## POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	40/500 000			
Application Number	10/599,289			
Filing Date				
First Named Inventor	Marija Bogataj, et al			
Title	GASTRORESISTANT PHARMACEUTICA			
Art Unit	1654			
Examiner Name				
Attorney Docket Number	33705-US-PCT 64650.US			

I hereby revoke all previous powers of attorney given in the above-identified application.						
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Applicant/Inventor.  OR						
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on						
SIGNATURE of Applicant or Assignee of Record						
Signature	4 Coull		Date	7.4.09		
Name	Monika Le-Good		Telephone			
Title and Company	Patent Service Specialist / Lek Pha	rmaceuticals	d.d.			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
Total of forms are submitted.						

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Title	GASTRORESISTANT PHARMACEUTICA			
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Examiner Name				
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I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.							
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I am the:  Applicant/Inventor.  OR							
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on							
SIGNATURE of Applicant or Assignee of Record							
1	orld		Date	104.04.05			
	Sillian McCann	maceuticale c	Telephone	,			
Title and Company Patent Service Specialist / Lek Pharmaceuticals d.d.  NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one							
signature is required, see below*.							
Total of 2 forms are submitted.							

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